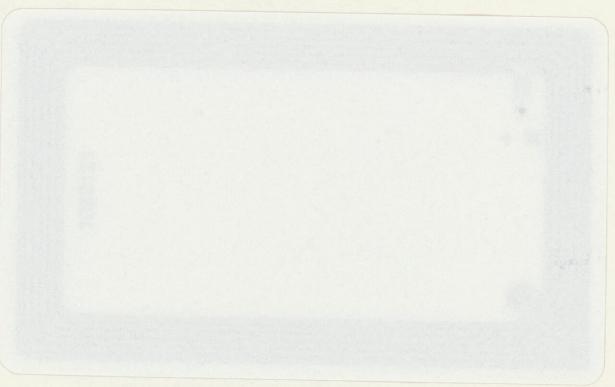


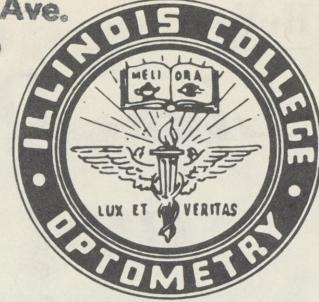
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New Breed

Vol. 1, No. 1

ILLINOIS COLLEGE OF OPTOMETRY, CHICAGO, ILL.

November, 1972

I.C.O. Favors Nixon

The latest Lucia poll, taken October 19 and 20, shows that ICO will favor Nixon in the coming presidential election by a 15 per cent margin. A random sampling was taken of thirty-five members from each class, and of twenty-five members from the administration, faculty, and staff (AFS). Each person was asked whether or not he planned to vote in the coming election, and which candidate he preferred. The results are as follows:

	Nixon	McGov.	Other	Undecided	Plan to vote?	Yes	No
Frosh	65%	23%	0%	12%	74%	26%	
Sophs	55	36	0	9	83	17	
Juniors	36	55	6	3	91	9	
Seniors	52	36	0	2	74	26	
AFS	50	30	0	20	96	4	
Average	52%	37%	1%	10%	83%	17%	

12 per cent of those polled preferred not to state their presidential preference.

A number of opinions were expressed by those interviewed. Those favoring Nixon said:

"He is the lesser of two evils."

"Does it really matter?"

"I am from South Dakota and am voting for Nixon."

"The closer the election gets, the more undecided I get. I feel the bombing of the French Embassy inanoi will hinder the peace talks."

"McGovern is too impractical."

"Is there a second choice?"

"McGovern isn't a realistic candidate. I am against amnesty."

"McGovern's foreign policy is good but his economic policy is bad."

"McGovern's economic theories are dangerous. Nixon is a realist...I don't trust him...but he is still a realist."

Those favoring McGovern:

"He is the lesser of two evils."

"I think McGovern would do anything for the sake of peace."

"I am voting for McGovern, although he is only a hair better than Nixon. I am extremely alarmed at the apathy of the American public. The Republican party is surrounded by scandals (ITT, Watergate, disruption of Muskie's campaign, and a hidden \$10 million secret campaign fund) and nobody seems to care. Nixon built his political career by calling people pinko, and nearly lost his 2nd vice presidential nomination because of a mere \$18,000 scandal."

"I also voted for abortion in Michigan."

"Nixon could have done more in Vietnam."

"Politics is a filthy business. Frankly I'd rather watch football, turn on, and forget about the whole...damn thing."

"McGovern won't win, but Nixon is one of the most faceless, non-personal people there is."

"McGovern is a much better candidate. He would serve the needs of the people much more objectively than Nixon."

Lucia's prediction: Nixon will win 58 per cent of the popular vote while McGovern will receive 41 per cent.

PTU News

The brothers of PTU under the direction of Social chairmen, Roger Hill, have been feverishly working of late on the upcoming annual all-school "SCHMOO" to be held Saturday, November 4 at the American Legion Hall near Irving Park and Paulina.

First year rookies need only ask an ICO upperclassman about the wine, women and song (beer too) that have made this single social gathering one of the most enjoyable activities perpetrated on the student body by the PTU's.

The Social Chairmen predicts, from preliminary indications, that there will be over eight female educational institutions heavily represented.

In keeping with the current women's lib movement, "John John" Hollier has been assigned the task of recruiting young, sweet and handsome males to entertain ICO's current influx of Doctorettes.

"John John" was advised to stick with those gentlemen who were cheap but not easy! (that rules him out.) Hope to see you all there!

SKEGNESS, England
(AP)—Lincolnshire police erred when five Indians were arrested on the suspicion of smuggling drugs into Britain. One constable thought he overheard the word "hashish" when the Indians tried to describe the contents of a box they were carrying. Later, however, it was found that the box contained ashes of a cremated relative and the Indians were escorted to a river to scatter them.

All students and faculty are urged to join the APHA. Dues range from \$5 to \$50 depending on income. Applications can be obtained from The Nations Health, the official newspaper of APHA. The newspaper is on reserve in the library and there is an application form on the last page which can be Xeroxed, or you can write the American Public Health Association, 1015 Eighteenth St., N.W., Washington, D.C. 20036 for applications or information. Anyone joining APHA is asked to notify Joseph Ruskiewicz, Box 439, ICO.

First Year Statistics

TOTAL ENROLLMENT: 154
students

Male - 144

Female 10

LIVING FACILITIES:

Dorm - 97

IIT FACILITIES - 15

Commuters - 14

MARITAL STATUS:

Married - 39

Single - 115

DEGREES ACHIEVED:

Bachelor of Science - 22.7 per cent

Master of Science - .7 per cent

STATES REPRESENTED: 32

Chicago Symphony Orchestra University Night

A special concert for Chicago area college and university students will be given 8:30 PM, November 11, 1972 at Orchestra Hall. This unique opportunity enables students to hear the Symphony, Civic Orchestra and the Chamber music concerts for only \$5.00.

The program for the first university night promises to be most enjoyable; Henry Mazer, Associate Conductor, will present:

HAYDN . . .

 Symphony No. 31, D Major
 ("Hornsignal")

VAUGHAN WILLIAMS . . .

 Fantasy On A Theme
 By Thomas Tallis

BERLIOZ . . .

 Symphony, "Harold In Italy" with
 Soloist Milton Preves, Viola

All students at the concert are invited to a reception immediately following the concert in the Ballroom of Orchestra Hall. Mr. Mazer and the Symphony members will be the honored guests.

Are You Aware?

Are you aware that Optometry has never had section status at the National Public Health Association Convention? PCO is trying to achieve this goal this year by bussing students to the conference.

What is the ICO student population going to do? For further information, contact Sandy Dorfzaun or Joe Ruskiewicz.

Are you aware that Wesley-Jessen just sold 10 PEK machines to the Sears Optical Departments in Michigan, and are scheduled to do the same in Illinois in the near future?

Are you aware that Vision Project was listed under three special categories at the HEW Student Manpower Conference?

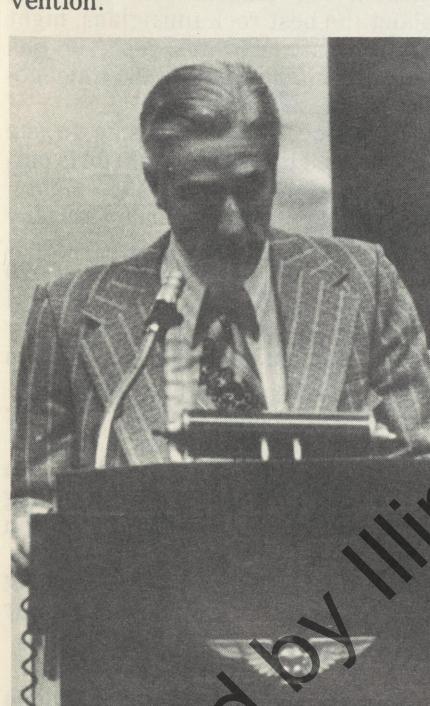
Are you aware that there is a special Senate Investigation Committee on Health Manpower Licensing in the state of Illinois? If you have gripes, get them in!

Are you aware that there was an AOA/NOA regional minority recruitment program here at ICO on Thursday, Oct. 19? This meeting was to include representatives from several states and was widely publicized, but there were only 15 people in attendance.

Are you aware that AOSA is trying to organize an Indian Health Project and needs volunteers?

Are you aware that Optometry is not even listed in any of the brochures put out by the Public Health Service that were given out at the Indian Health Service Lectures?

If you have something students need to be aware of, contact Sandy Dorfzaun.



Dr. J. C. Cumblin discusses the rebirth and purposes of the AOA at the Awards Assembly.

Editorial

by Joe Ruskiewicz

Around this time of the year a very important meeting takes place, the annual gathering of the Board of Trustees at ICO. This meeting, for all reasonable purposes, is closed to faculty and students. A quick check of the 1970-72 Catalog shows no faculty or students on the Board; in fact, the majority of the Trustees seem to be of advanced age.

Rumor has it that there is an appointee to the Board from the faculty this year. I think this is a very good idea; the faculty for obvious reasons are concerned about school policy and should have a representative on the board.

But I must also stress the point that students are also interested in school policy. I think a student on the Board of Trustees could supply information needed by the Board.

A student on the Board is no radical request. Many large progressive, higher educational institutions have students on their Boards: Princeton and City University of New York are examples. Also governors of such contrasting political views as Governor Sargent of Massachusetts and Governor Wallace of Alabama support the appointment of students to the governing boards of their state's universities.

Last year Senator Fred R. Harris introduced Higher Education Act (S659) which would declare that it is the sense of the Congress "that at least one student with full rights of membership should sit on the governing board of all institutions of higher learning in America."

If a well qualified third year student were given a two year appointment to the Board, he could be an important source of student opinion to the other Board members. In turn he could also be a source of information to the student body of the reasoning behind Board decisions.



Gordon Thomas and Joseph Ruskiewicz, working at the Compos Center are putting the final touches on the new refracting lane opened up by the Vision Project. Using equipment donated by Wessley Jesson, and a phoropter borrowed from American Optical, the first patients were seen October 25. Vision Project with money from grants, hopes to expand to 4-5 refracting lanes to serve four free clinics in the area.

I Believe . . .

Lies, Damned Lies and Statistics

by Dr. Ann Pollack, M.D.

Mark Twain remarked that there are three kinds of untruths — lies, damned lies and statistics. As a pathologist — and therefore as someone who is professionally concerned with births and deaths — and as someone who has been interested in statistics as a discipline, I must ruefully admit that Twain was right about certain statistics. Prime examples are three statistics that are widely quoted: namely the infant mortality rate of the United States in comparison with those of other countries, and the mortality rates of legal and illegal abortions respectively. To discuss each of these in turn:

The infant mortality rate is the number of deaths of infants less than one year of age per 100,000 live births. This seems like an easy figure to ascertain accurately but it is not. The difficulty arises from determining and reporting accurately whether or not in a given case the baby was live born and lived only a minute or two or was stillborn. The actual legal definition of the two varies significantly from state to state and still more so from country to country. The temptation is to record all doubtful cases as stillbirths because a relatively large number of stillbirths and a correspondingly small number of infant deaths look better on an obstetrician's record than vice versa. Unfortunately, this temptation is not uncommonly yielded to, even in hospital births where the presence of knowledgeable witnesses such as obstetrical nurses and house staff members tends to cut down on the more flagrant

abuses, and is far more commonly yielded to in home deliveries (1/70th of U.S. births). In U.S. hospitals, birth certificates and stillbirth certificates must be made out immediately after the delivery. In Europe, and still more frequently in the rest of the world, most deliveries are performed at home. The births are reported by the parents rather than the midwife in some countries and after varying periods of time — up to five years later in Sweden, for example. Both of the above factors lead to errors in reporting due to forgetting, wishful or otherwise, or deliberate hiding of infanticides. This means that the infant mortality statistics in the U.S. are far more accurate than those from other countries, and this fact accounts for some of the observed differences in rates. No one knows how much.

The mortality rates from legal (i.e. both spontaneous and therapeutic) and illegal abortions are even more debatable. The figure refers to the number of maternal deaths per 100,000 abortions. A ratio, of course, becomes meaningless if either the numerator or the denominator is suspect, but in the case of abortions both numerators and denominators are questionable. As far as criminal abortions are concerned, it is clear that the total number performed is completely unknown. The total number of deaths per year due to criminal abortions is also unknown, with estimates ranging from 5,000-10,000 per annum down to 67. Christopher Tietze, the demographer for Planned Parenthood, and an expert in the field who supports legal abortion (and who therefore has a bias in favor of mak-

ing the estimates of deaths due to illegal abortion as high as possible) estimates that there are 400-500 deaths a year due to criminal abortions. Since both numerator and denominator are gross guesses, any figure given for the death rate due to criminal abortion is totally meaningless.

Unfortunately, the figures for legal abortion are not much better. In New York State during the operation of the permissive abortion law, facilities have been underreported. The total appears to be large enough to give a death rate of more than 40/100,000. This figure is high, and is higher than that of other countries with somewhat similar legislation such as the United Kingdom. This may be all, or in part, because New York State permits abortion at a later stage in pregnancy than almost any other jurisdiction, and the later in pregnancy the operation is performed the more dangerous it is. It may also be that since many of these operations are performed in physicians' offices, the total number is not accurately reported as some doctors are not reporting their total income to evade income taxes.

In conclusion, then, Mark Twain was right about the inaccuracy of certain statistics. The ones discussed in this paper are far more useful for propaganda purposes than they are as sources of accurate information about health problems.

EDITORS NOTE:

Dr. Ann Pollack, M.D. received her degree at Johns Hopkins School of Medicine, February 1943. She has held the position of Staff Pathologist at Michael Reese Hospital, 1964-1968. June 1964 to June 1966 at Chicago Medical School the position as Associate Professor of Pathology was held by Dr. Ann Pollack.

More recently, Dr. Pollack has been a Lecturer in Pathology here at ICO and the Associate Professor of Pathology and Associate Pathologist at Chicago College of Osteopathic Medicine and Chicago Osteopathic Hospital.

Dr. Ann Pollack has kindly agreed to write a column for each issue of the New Breed.

Vision Project Opens Refracting Lane At Compos Center

As a result of the equipment donations that Vision Project has received in the last year, as well as the organization's increasing membership, Vision Project has been able to add a refracting lane to the eye program at the Compos Center. The Center still has its screening program on Tuesday nights, and its referrals are made to the Center's refracting unit which is open on Wednesdays. The unit is staffed by volunteer optometrists who act as supervisors and fourth year students who do the refractions.

About 900,000 new students are expected to enroll in Soviet colleges and universities this fall.

New Breed

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EDITORIAL STAFF

First Year	Thomas Byers, Janice Emigh, Tooraj Khajezadeh
Second Year	Steve Padgett
Third Year	Peter Lucia
Fourth Year	Joseph Ruskiewicz, Don Sipola
Photographs	Sander Dorfzaun, Mark Shutan
Art Work	Cliff Crompton
Staff Advisor	Sheldon L. Siegel



The tip for the month of November is — "Strawberry County."

Contrary to what you may think, Strawberry County is not a geographical area containing the United States Strawberry Belt. It is, though, a very exciting and electrifying singles bar that has about the best rock musicians, night after night, that this reporter has yet encountered here in the Chicago land area.

For once, it is surprising to see that by and large the single girls outnumber the guys on most nights. Wednesday, Friday and Saturday nights seem to be the best with most of the crowd arriving about 10:30 p.m. The band plays until 3:30 AM on Saturday night for sure, (they threw me out at 3:45,) so there is plenty of time for 'socializing.'

There is a one dollar cover for guys and beer is 60 cents.

Strawberry County is located in Schiller Park, turn west on Irving and then take the first right you come to for about another block.

It's the building with the hitching rail outside in case you bring your horse.

A thought for the day: American scientist Rossiter Worthington Raymond said, "Life is eternal, and love is immortal, and death is only a horizon, and a horizon is nothing save the limit of our sight."

I.C.O. Welcomes a Change

New Director of Student Affairs

Sheldon L. Siegel has done a lot of things before coming to ICO. Once he had his own children's program on an educational TV station; another time he worked for a publishing company as director of research. He has done advertising and public relations work. Very early in his life, he shelved books at the Chicago Public library and worked in a Jewel Food Store.

Mr. Siegel began his College education at the age of 17 as a journalism major at the University of Illinois in Urbana. As an undergraduate, he was extremely active in the Illini Theatre Guild, and even spent some time as a disc jockey on a radio station.

After receiving his Bachelor of Science in Journalism, Siegel went on to graduate school and started doing research into problem areas of communications. One such research project dealt with the effectiveness of learning via closed-circuit television in the classroom. After receiving his Masters degree in Communications, he began work on a Ph.D. in the same field and completed all requirements except the dissertation.

Actually, student personnel work has really been a second career for him, and it more or less came about by accident. In 1967, Siegel was an instructor in communications at Columbia College, a four year liberal arts college in Chicago. One day the president asked him if he would accept the position of Registrar. He said, "yes" and, two years later, was appointed Dean of Student Services. He was honored by the student body of Columbia when chosen top faculty-staff member of the 1970-71 academic year.

At ICO, Siegel's job is Director of Student Affairs, and he envisions himself as an aid to students in many ways, whether listening to day to day problems, getting concert tickets, counselling financial aid, or handling dormitory problems. In short, his office may be likened to a "complaint department" with the end result in giving the needed support and advice.

As Siegel says: "Working with students is perhaps the most meaningful job I have ever had in that I have a strong desire to help and a willingness to listen."

You'll find Siegel in room A-200. If you want to see him, you don't need an appointment to go and talk to him.

Letter To The Editor

Dear Editor,

It distresses me to see some students in pathology lab observe more than one patient during a session when it is done at the expense of a student who has not yet had an opportunity for observation on that particular day. Students who have seen one patient should be considerate enough to take the back of the line if they wish to observe a second patient.

This also applies to make-up students who are in a different section. The students that are assigned to that particular section should have first priority; then, if the patient is still willing, make-up students, along with those who have previously observed, could take their turn.

Peter Lucia
Third Year Student



Left to right: Mr. Sheldon L. Siegel, Director of Student Affairs; Mr. Oliver W. Slaughter, Project Director of the Health, Education and Welfare Grant; Dr. Ronald Calinger, Assistant to the Dean.

Project Director named for the Health, Education, and Welfare Project Grant

My name is Oliver W. Slaughter, Project Director of the Health Education and Welfare Project Grant at Illinois College of Optometry. I have a bachelors degree from the University of Illinois and a masters degree in psychology from the Illinois Institute of Technology. For a six-month period, terminating in March of this year, I was Associate Project Director of the Upward Bound Project at Northwestern University. Since that time, I have been employed in the Personnel Department of Northwestern University doing recruiting, job analysis, and evaluation of non-academic personnel.

The Project Director, for the recruitment and retention of minorities, women and returning veterans, must provide a viable and comprehensive program to insure success in admitting and retaining minority students, women and the returning veterans.

This is a two-fold program that starts with recruitment. Recruitment begins with preparation. Brochures are designed to specifically attract the types of students we are interested in. These brochures are the identifying link between the student and optometry, it provides that piece of creditability that is initially needed to motivate the individual. After brochures have been designed and deemed effective for our purposes, military discharge centers, high schools and colleges that have been responsive to our program through prior contact, are again contacted via brochures.

When and if we are invited to a school or center, we will come prepared with lecture and demonstration teams. The lectures will be on Optometry and the school Illinois College of Optometry. Demonstration teams will provide many with the opportunity to see what Optometrists do. Recruitment also comes in the form of attending High School Career Days, College Career Days, and many other types of meetings, seminars, and

conferences where ambitious and well qualified students may gather.

After we have admitted a number of minorities, women and returning veterans, it is then the Project Director responsibility to insure that student's success. It is, or it should be a well-known fact the veteran suffers most in his new educational milieu. He has been out of studies from 2 to 4 years. Careful academic follow-up will be done with the veteran once he has started school. The majority of all minorities come from schools that are not as academically inclined as some of their schoolmates. Minorities have an education and they have the prerequisite for Optometry, but they've been short-changed in their secondary education. Therefore, minorities will have to be monitored as closely as the veteran, to catch academic problems before there is a mushroom-effect.

One of the biggest problems for women and minorities is an identification problem. The school is predominately white male, therefore, we have to concentrate on providing a comfortable atmosphere for minorities and women. The Project Director, must make faculty and administration sensitive to the needs and rights of minorities and women. Undoubtedly, women and minorities will consistently need someone to talk to about their social problems, as well as their academic problems.

It is my opinion that with a lack of response and effort by faculty and staff, this program will falter and stumble as so many others have. The establishment of a minority recruitment program is not one you can daintily set aside and say "function". Ramifications of a minorities recruitment program affects every department in the institution, and if administration does not realize this and will not make policies and procedures conducive to this program's success, Illinois College of Optometry will continue to be as Illinois College of Optometry is.

LANSING, MICH. (UPI) — Deer shining — with or without weapons in possession — is strictly taboo in Michigan between midnight and sunrise under a new law designed to clamp down on a serious deer poaching problem.

The restriction remains in force

through December and comes during a period of the year when shining deer, which holds them spellbound when a bright light is cast on their faces, takes its heaviest toll. Officials estimate these illegal after-dark forays drain 20,000 to 30,000 deer from Michigan's herd each year.

Calinger named Assistant to the Dean

Dr. Ronald Calinger comes to our campus from Rensselaer Polytechnic Institute, where he was an Assistant Professor of the History of Science. He is no stranger to Chicago or to I.C.O. From 1964 to 1969 he worked on his Ph.D. at the University of Chicago. In the Fall of 1968 he taught the "Methods of Science" course at I.C.O.

The life history of Dr. Calinger goes as follows. He grew up in Ohio along the banks of the beautiful, blue Ohio River. He earned his Bachelor's Degree in History and Mathematics at Ohio University in Athens, Ohio, which has the mighty Hocking River flowing through it. The University of Pittsburgh, famous for its Cathedral of Learning, awarded him the Master's Degree. The rivers to be mentioned here are the Allegheny and Monongehela which join at Pittsburgh's Golden Triangle to form the Ohio River.

During the last few years Dr. Calinger has immersed himself in teaching and writing. At Rensselaer Polytechnic, which is located in Troy, New York, on the banks of the Hudson River, he taught year-long courses in the History of Science and the History of Mathematics as well as courses on the Enlightenment and Modern European History. During each of his three years at Rensselaer in each course he was on the student's honor roll for teaching. In the four point ranking system by students his courses fell between 3.3 and 3.8. In writing he is a regular contributor to the *Dictionary of Scientific Biography*. Early this year he authored a booklet on German Classical Science.

Here at I.C.O. Dr. Calinger holds the position of Assistant to the Dean. His main responsibilities include grant planning, preparation for accreditation visits, assisting in furthering the professional development of the faculty, and some tutorial work with students. His position thus is that of an administrator. His writing and research continues still. He will deliver a paper entitled "The Leibnizian Natural Philosophy" before the annual convention of the American Association for the Advancement of Science in Washington, D.C. in late December.

His office is open and he would appreciate receiving any well thought out student input on matters regarding the modification or enrichment of academic programs here at the College.

Research Review

Beginning in the next issue of the *New Breed*, there will be interviews of some of the seniors and publications of their research proposals in a condensed form to initiate and help orientate those underclassmen to what the Senior Research Projects are all about. Also we hope this review will help foster a research-orientated philosophy toward those aspects of our education that at times seem to be on shaky scientific ground. Stay tuned ... same column ... next month, for the first in a series of "research reviews".

DID YOU KNOW THAT

Colorado's 34 institutions of higher learning had a combined student enrollment of just under 127,000 last fall.

A.O.S.A. Serves All I.C.O. Students

Four years ago student leaders from several colleges of optometry across the country recognized the need for an organization to represent the optometric student. Because of this concern the American Optometric Student Association came into being.

Last spring, in Memphis, the second AOSA convention was held. At this meeting a constitution was prepared, discussed and adopted. Committee meetings were held to coordinate the efforts of the AOSA chapters at the member schools. Students from ten of the twelve schools of optometry had the opportunity to discuss and compare aspects of their curriculums. This summer the AOSA was incorporated into the AOA at the national convention in St. Louis.

The constitution of the AOSA states, "the purposes of this association are to improve the visual welfare of the public and to enhance the education and welfare of optometry students." Each school elects a Board of Trustee member to represent his school to fulfill this purpose and to organize and coordinate his local AOSA chapter.

ICO's chapter consists of five committees: Public Health, National Boards, Summer employment; Interprofessional Relations; and Assurances to Graduates and Undergraduates.

Briefly the committee goals are as follows:

1. **National Boards** — to establish rapport with the Board of Examiners; to examine structure of exams and their grading; to promote state acceptance and to submit constructive criticism and researched recommendations to the Board of Examiners

2. **Public Health** — to investigate and support optometric involvement in local and national student health projects and to work with the Public Health Committee of the AOA

3. **Summer Employment** — to contact and establish work with optometrists, optical labs and researchers and recommend qualified students for summer employment

4. **Assistance to Graduates and Undergraduates** — to work with the summer employment committee; to investigate possibilities of financial aid; to help with associateships or practices

5. **Interprofessional Relations** — to participate in health manpower conferences, interdisciplinary role awareness and public relations for optometry

It is hoped that ICO will play a decisive role in the future of the AOSA now as well as after students graduate. If you are interested in helping make the AOSA a meaningful organization feel free to contact Ward Ramsdell, the AOSA representative at ICO.

V.T. Anyone?

by
Ron Surdin

Just locate the following words

marsden	pain	myopia	zonule	coats
retina	gunns	hyperopia	cone	iris
lens	od	astigmatism	rod	pigments
hyloid	os	phoria	artery	ann
duction	ou	static	apex	medula
sphenoid	dot	toric	conj.	d.v.
optic	lid	V.T.	muscle	

m	h	y	l	o	i	d	i	t	y	p	r
e	y	z	p	a	r	u	z	c	h	i	c
d	p	o	f	g	r	c	a	o	s	g	o
u	e	n	p	s	z	t	r	a	p	m	d
l	r	u	a	i	l	i	c	t	h	e	y
a	o	l	i	f	a	o	n	s	e	n	t
c	p	e	n	m	n	a	d	n	t	k	
u	i	n	v	e	u	n	m	o	s	a	
l	a	s	t	i	g	m	a	t	i	s	m
l	i	p	t	u	a	r	r	o	d	p	u
a	r	d	n	a	s	e	p	r	o	w	s
p	r	n	o	d	t	t	s	i	t	z	c
e	s	t	e	u	i	i	a	c	r	o	l
x	x	e	c	p	n	c	t	n	i	e	
o	n	t	r	q	a	s	j	i	t	s	
r	d	v	z	p	y	r	t	v	u	c	p

Vision Project Moves On

The Vision Project is growing and becoming a more rigid and more disciplined organization. The organization now has enough manpower so that it is able to have a calendar for commitments far in advance of the dates that men are needed.

Due to this overabundance of new interest, the Vision Project is moving into Fritzi Engelstein Free Clinic located at Diversey and Walton. Dr. Tim Grier, Greg Sacho and Sandy Dorfzaun met with representatives of Fritzi two weeks ago and agreed upon a starting date in the latter part of October.

Vision Project has also been meeting with a coalition of four of the health centers in establishing a community board to serve as part of the

governing board for the proposed Community Vision Care Center. This diagnostic center is at the present time in the form of a grant proposal written by certain members of Vision Project. It has been reviewed by the communities involved, and is now being read by the Community Health Organization. The diagnostic center will consist of 4 or 5 refracting lanes, a visual training area, an ophthalmological station, and hopefully will be placed in a multi-disciplinary institution. If formally approved by all those involved, the center will be run by a Governing Board consisting of three groups of people having equal voting power: the community board; the ICO students; and representatives from ICO. This clinic will be dedicated to serve the indigent people on the northwest side of Chicago.

In the News

Tom Rice, President of Council on Ethics, has picked December 6th, as the COE first educational program. Movies will be shown covering "Angle of the Anterior Chamber", "Ocular Inflammation," and "Sensory Motor Anomalies." The movies will begin at 7:40 PM and should be over around 9:00 PM. A fourth movie, "The Low Vision Patient" will not be shown till after the New Year. All students are invited; admission is free.

Note: Any one wishing to place free want ads, please contact any of the **New Breed** Editors or Sheldon Siegel, Director of Student Affairs.

One short hair wig. Brown in Color. Used only once for taking Illinois State Board Exams. Reasonable price, make an offer; contact Dr. T. Grier O.D. at 1453 N. Rockwell, Chicago, Il. or call 384-5693 after 6:00 PM.

EDITORS NOTE: Anyone wishing to have an article or a "letter-to-the-Editor," appear in the **New Breed**, please submit to any of the Editors or to Sheldon Siegel.

TELEPHONE CALLS

At the Student Council meeting of October 4, 1972, it was announced that there have been many unauthorized telephone calls made from school telephones.

Students are permitted to use the school phones for calls when authorized by faculty and administration. When necessary, these calls come from the clinic only since students have occasional need to communicate with patients they are serving. When feasible, the switchboard operator should be informed of the purpose of these calls.

Students may not make calls on non-clinical school phones. Aside from the unnecessary financial problems and tracking down of these unauthorized calls, they tie up the switchboard and interfere with College business.

We ask and appreciate your cooperation in this very important matter.

ICO PAPERBACK BOOK EXCHANGE

With the cooperation of our librarian, Peter Weil, the Office of Student Affairs will be setting up a small library of paperback books for circulation school-wide. These books will be available for all students, faculty and staff at ICO and will be stored in Room A-200, Mr. Sheldon L. Siegel's office.

We need everyone's contributions of paperbacks so we may begin with a good library. They'll be no check out procedures (you can take as many as you want), but we want the books returned so that others might have the opportunity to read them.

Culinary Cookery

In this first issue of the **New Breed** we will concentrate on feeding those larger student-roommate houses (three mouths and up) and those married student communes. This saliva secreting dish serves eight voracious appetites at one sitting, and if need be, can certainly be frozen, canned, fried, baked, or broiled at a future time (heats very well in radar ovens too). The name of this month's culinary delight is "5-Soup Hot Dish". It is constructed by combining the following chemicals:

2 lbs. ground beef

(browned in skillet)

2 cut-up onions

5 soups

Cream of Chicken

Cream of Mushroom

Cream of Celery

Chicken and Rice

Beef with Barley

2/3 pkg. of 8 oz. Chow Mein noodles

Mix all this junk together, sprinkle the last 1/3 noodles on top and bake at 350 for 45 min. Serve when hot and disregard the freezing ... canning ... etc.

Marsden Ball Blues

by
John M. Welsh Jr.

I've got the Marsden ball blues, the Marsden ball blues;
From the top of my head, to the bottom of my shoes.
I've got the Marsden ball blues, Marsden ball blues in the night,
And I just stand in the corner, doing wall fixations while I cry.

Well Doc Manas said to me, just before he took his leave.
Said, "Son you'd better start doing,
more VT."

I've got the Marsden ball blues, Marsden ball blues in the night,
And I just stand in the corner doing wall fixations while I cry.

Well there's accommodative rock, that string I call a Brock.
You got to use 'em everyday, if its here you want to stay.

I've got the Marsden ball blues, Marsden ball blues in the night,
And I just stand in the corner, doing wall fixations while I cry.
And I just stand in the corner, doing ... wall fixations while I cry.

A thought for the day: Spanish Philosopher George Santayana said, "There is no cure for birth and death save to enjoy the interval."

Digitized by Illinois College of Optometry Library

Alumni Association Inaugurates Century Club

Carl F. Shepard Memorial Library
Illinois College of Optometry
3241 S. Michigan Ave.
Chicago, Ill. 60616

The Alumni Association of the Illinois College of Optometry has announced a new membership category the "ICO CENTURY CLUB."

The CENTURY CLUB founded by the Executive Council of the Alumni Association was conceived to celebrate the 100th anniversary of the Founding of the college. Its members pledge assistance to the college to enable ICO to offer "continued excellence in optometric education" over the next 100 years.

Dues for the CENTURY CLUB will be \$10 per month (\$120) or \$100 per year. The Alumni Association has dedicated itself to retiring the existing \$612,000 mortgage on the new college facilities. Initial objective is a membership of 1000 alumni

whose \$100 per year dues will apply on the mortgage.

Members of the CENTURY CLUB will participate in the insurance program offered by the Alumni Association. The \$10,000 accident policy will be fully described in a separate brochure, but basically it provides worldwide coverage to Alumni Association members under the age of 70. The effective period of coverage commences on April 1 of each year and expires one year later. Dues must be received by the Alumni Office no later than April 1st, 1973 for 1973-4 coverage. Insurance for 1973-74 cannot be provided those alumni whose dues are received after the April 1st deadline. The coverage will be automatic

as dues for the following years are received, however, the same time limitations for their receipt must apply in order to meet requirements established by the insurance carrier, the Insurance Company of North America (INA).

The CENTURY CLUB was enthusiastically received upon its kickoff at the Illinois Optometric Association Convention Oct. 13-15, in Chicago. Dr. J. E. Goroshow, ICO Director of Public Affairs and Executive Secretary of the Alumni Association reported that 60 alumni accepted the invitation to become charter members of this new, elite group. The CENTURY CLUB takes its place along side the well-established PRESIDENT'S CLUB but

does not replace it.

Membership in the PRESIDENTS' CLUB still requires a minimum overall pledge of \$1000.

The birth of the CENTURY CLUB comes at a time when mounting costs and rapidly decreasing federal support threatens the very existence of the privately operated, non-tax supported, professional college. It comes at a time when the cry for visual care grows ever louder. Tuition provides approximately forty percent of the cost of educating the prospective optometrist now receiving his professional training at ICO. Funds from the federal government, the ICO Clinic, and from our Alumni have covered the financial deficit for some years.

"NADER RAIDER" Urges Consumer Role In Eye Products

Consumer input on prices and quality of ophthalmic products and services is vital to the nation's eye health, claims the head of Ralph Nader's health unit.

"Peer review of ophthalmic services, especially the fitting of eyeglasses and contact lenses, have proven ineffective," states Sid Wolfe, a practicing internist and director of the Ralph Nader Research Group in Washington, D.C.

Wolfe, previewing his address October 14th to the Illinois Optometric Association's 65th Annual Educational Congress and Convention in the Marriott Motor Hotel in Chicago, called for "combined groups of ophthalmic specialists and knowledgeable, consumer-oriented laymen to work together in upgrading quality and standardizing prices of vision products and services."

The wide range of prices for the same product or service and increasing evidence of inaccuracies in the dispensing of visual aids points up to the inadequacy of peer review by vision authorities themselves, Wolfe said.

Describing a study by his group of prescription eyeglasses for Medicaid recipients in New York City, Wolfe reported "an alarming variation in quality. In a significant percentage of cases, there was a perceptible variation between prescription and finished product.

Lack of comprehensive,

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national statistics on vision care quality control further points up the inadequacy of medical self regulation and the need for consumer participation, he added.

Dr. Wolfe said such combined groups would work to:

1. Recommend specific alterations of practice to ophthalmic professions and suppliers.

2. Set up a national list of preferred suppliers, who met these quality standards.

"The day of medical authority talking to themselves about the quality of services they provide is over", Wolfe said. "Knowledgeable consumers must be made a part of the quality picture if vision care is to be effective, honest, and economical for the public."

Rosenbloom Relates Russian Trip Before Temple Group

Dr. Alfred A. Rosenbloom, President of ICO, addressed the congregation at Beth Am Temple on November 3, relating his experiences on a trip to Russia he and his wife made last July.

Dr. Rosenbloom travelled to Kiev, where he spoke before the Ninth International Congress of Gerontology. His topic was "Prognostic Factors in the Vision Rehabilitation of Aging Patients." He presented data on a study of 150 aging low vision patients who were analyzed as the nature and extent of their visual rehabilitation. Dr. Rosenbloom has served as a con-

sultant to the Chicago Lighthouse for the Blind since 1954.

In addition, Dr. Rosenbloom met with leading ophthalmologists in Kiev to discuss vision care in the U.S.S.R. and plans to develop a school of optometry.

The congregants at Beth Am were also told by Dr. Rosenbloom of his impressions of Russian life. To him, Kiev was the most beautiful; Leningrad had wide, attractive streets, great palaces and impressive monuments; Moscow was bustling and the most cosmopolitan.

In Russia, Dr. Rosenbloom found women doing work normally assigned to men in our country and elderly folks held in high regard by their families.

He made the following point about health care in Russia: it is considered a human right, not a privilege. Regular annual physical examinations are required of all.

Dr. Rosenbloom and his wife had time to stroll through the streets and go shopping in the large cities they visited. Dr. Rosenbloom stated: "Our impression was that Russian people are not afraid to converse with foreigners. It seemed to us that the thousands of foreigners strolling through the streets, talking in many different languages, is one of the factors that is helping to eliminate the Iron Curtain of the past."

I.C.O. Notetaking

ICO's embryonic notetaking service began this year with promises to deliver printed notes to the student at a nominal cost. Although problems have been encountered, the service has basically proven to be a success.

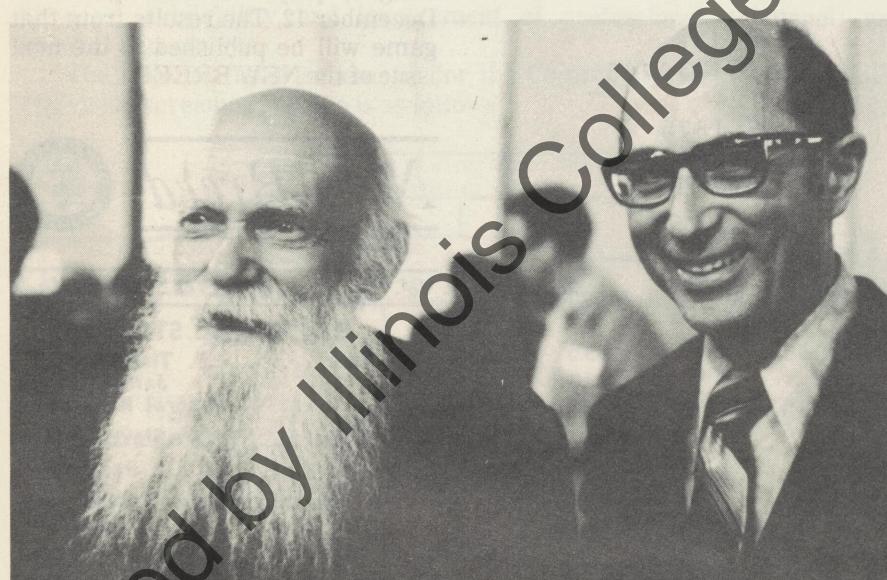
A notetaking service has long been proposed; unfortunately, the lack of an inexpensive means of duplicating the notes has held efforts up. However, last year, under the direction of David Rhodes and David Luke, equipment was purchased with student government funds and the groundwork was laid for this year.

Basically the service works as follows: a student coordinator is hired for each class who has the responsibility of selecting notetakers; seeing that the notes are then prepared for printing and then finally distributed to the students who elect to subscribe to the service. The subscription fee covers these costs.

Comments on the notes range from praise from fourth year students to complaints of poor quality and slow delivery from others. The operators of the notetaking service said that better efficiency and coordination should result in a better product. They emphasize that no claim can be made for the accuracy of the notes, the sole intent is that they be a supplement to the course.

An interesting long range goal has been proposed of collecting and printing a complete set of notes a student might ordinarily take during the four years at ICO. With revisions these notes could be useful to both graduates and undergraduates.

Help Mercy Hospital and the U.S. Marines bring a Merry Christmas to thousands of underprivileged children. From now until December 23 there will be a toy barrel in the student lounge. We invite all students, staff, and administration to bring a used toy in good condition to be stored in the toy barrel.



I.C.O. President, Dr. Alfred A. Rosenbloom chats with Dr. Dichter Lvokarpovich of Kiev, Russia, at the International Congress of Gerontology in Kiev, Russia. Dr. Dichter Lvokarpovich is 103.



I Believe . . .

Why Hospital Costs Are So High

by Dr. Ann Pollak, M.D.

In the past several years, hospital costs have risen to very high levels at an appalling rate. A few years ago daily room rates of over \$40 were considered high; now rates of \$100 or even more are far from rare. Why should hospital rates have risen so high and what can be done to prevent their continued rise?

There have been many reasons for the rise in hospital rates in addition to the general inflation that has raised the cost of hospital supplies as it has other materials. These include: 1) The increase in the cost of labor; 2) The growth of government and private insurance plans; 3) The relatively high cost of certain ancillary services such as laboratory fees. To take each of these factors in turn:

Labor costs account for approximately 70 per cent of total hospital costs — a much higher percentage than that of any other industry. The cost of hospital labor has risen at a dramatic rate, as hospital workers used to be the most underpaid and exploited group in the country.

Thirty five years ago, registered nurses used to work 12 hours 6 days a week — yes, **72 hours a week** — for less than \$200 a month. Aids, maids and orderlies worked the same horrible hours for much less money. Worse than that, split shifts were common, with people working 4 hours on and 4 hours off around the clock. By thirty years ago, a 40 hour week was becoming common, but wages were still abominable. An experienced histology technician after several years on the job received \$82.50 a week. At this point Internes were earning maintenance plus \$15 a month for a 125 hour week.

The result of all that has been aggressive union activity with organization of hospital workers at all levels. Of recent years, this activity has even included professional people with unions of nurses and even House Staffs. This has resulted in a welcome increase in hospital pay and improvement in working conditions, so that hospital

wages are now competitive with those in other industries.

Since voluntary hospitals have only two sources of income — patient payments and charity, the second of which never amounted to much and has now shrunk to almost nothing — the enormously increased payrolls have to be met by the dramatic increases in hospital day rates that we have seen. As far as the future is concerned, although the hospital unions have by and large met their goals, their leaders are not resting on their laurels since laurel-resting is not a good way for a union official to be re-elected. As far as the future of hospital labor costs are concerned (and I repeat here we are talking about 70 per cent of the total cost) they depend in considerable part on moderation in future demands by hospital unions, and prior experience with some of these unions gives this writer no reason for optimism on this score.

Another factor that raises hospital costs is the growth of government insurance plans i.e. medicare and particularly welfare. Since the cost of both of these have proved to be higher than even the gloomiest pessimists predicted, politicians are under extreme pressure to keep the costs of hospitalization down. They do this disallowing claims, paying less than the hospital's actual out-of-pocket costs, and frequently not paying anything for one or two years. This last is not entirely the government's fault as many hospitals are extremely unbusinesslike in their administration and may not send out bills for months or years. Since somebody has to pay for the extra costs of welfare patients, and the somebody in this case turns out to be the private patient, the daily room rates go up. Only slight improvement can be expected here due to improvement in hospital billing routines.

The matter of charges for laboratory tests and some other ancillary services such as X-ray and anesthesia is another matter however. In some hospitals, the

pathologist/radiologist and anesthesiologist rent space from the hospital, buy their own equipment, pay their own technicians and assistants and collect whatever profit, usually considerable, that is left over. This has resulted in some very high incomes for a few pathologists and excessive charges to the patients. Other pathologists, and this is far more common, make a percentage of the gross or net income of the laboratory, and the hospital makes the remainder. Still others, of whom the writer has been an example, are paid a straight salary like other fulltime physicians of equal rank. These make the least, on the whole. I think that these percentage arrangements are wrong, and that pathologists, etc. should be paid a salary. This does result in the hospital making money from the laboratory which results in some reduction in daily room charges.

As far as the total question as to how to reduce the cost of hospitalization, I am afraid this is impossible. I think that it may be possible to reduce the rate of increase by failing to raise labor costs as rapidly as they have been raised in the recent past and by forbidding percentage arrangements such as those I have described.

Bostrum Tips

BOSTROM GLASS-PLASTIC DIFFERENTIAL THUMB NAIL TEST (also known as the BGPDTN Test). Put a lens under the colmascope and press with the thumb nail. A plastic lens will show a stress pattern. EASY EYE WASHER (EEW) For metal frames use clear plastic tape (use Scotch brand plastic tape comes $\frac{3}{4}'' \times 125'$, waterproof, stretchy.) Tape in the eye wire, insert lenses - then cut off excess tape. Loose lens with metal frames will no longer be a problem. See Dr. Bostrom for personal tutoring.

1st Year May Pledge Frats

Through the work of the interfraternity council and the administration first year students are now eligible to pledge fraternities. The question of fraternity involvement interfering with academics came up. As a result, a 2.50 grade point average is necessary for first year students to pledge.

After grades are returned during the early part of the third quarter, smoker invitations will be sent to eligible first year students. Upperclass students will also be able to rush during these smokers.

N-S Vulnerable. West dealer

At both tables the final contract was 4 spades by East. At table 1 with the Weils holding the North-South cards, North (P. Weil) did not consider his hand or his suit suitable for a pre-emptive overcall after West opened the bidding with one Heart. Thus South, (A. Weil) was not inhibited from leading her six-card Heart suit; North ruffed and returned a diamond to his partner's ace, ruffed a second heart, and cashed his King of Diamonds for down one, 50 points to I.C.O.

At table 2, North overcalled in Diamonds but was unable to prevent Shansky and Slaughter from reaching their Spade game. South led the Ace of Diamonds and a second Diamond, and that was the end of the defense; East (Slaughter) was then able to clear the opposing trumps and set up four heart tricks to make his contract with an overtrick. 450 points to I.C.O., a total swing of 500 or 11 I.M.P.'s.

As both the Heart and the Spade finesses are right for declarer, an opening Heart lead by South is the only way to set the contract, because only then will South be able to lead Hearts twice and give his partner two ruffs.

The I.C.O. Faculty team, one of two I.C.O. entries in the Chicago Industrial and Commercial Bridge League, plays its next game on December 12. The results from that game will be published in the next issue of the NEW BREED.

New Breed



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The Weil Cats. Mr. Peter Weil, school librarian, and his wife Dr. Ann Pollak. The Weil couple combined with Mike Shansky and Oliver Slaughter to bring I.C.O. its first bridge victory.

WEST EAST

C: A K 2 C: 9 5

D: J 4 2 D: 10 8

H: A K 8 5 H: J 10 3

S: A 9 6 S: K Q 10 4 3 2

SOUTH

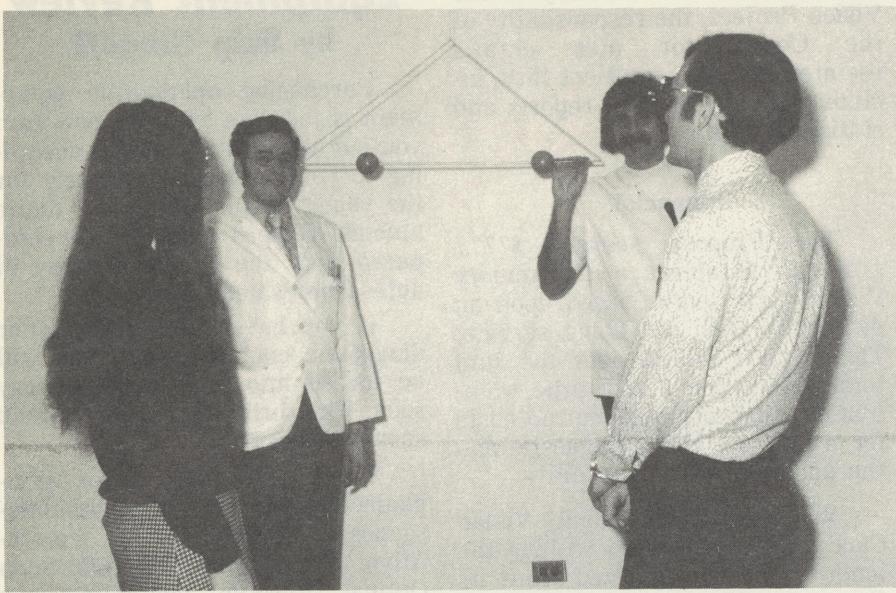
C: Q 10 8 4 3

D: A 3

H: Q 9 7 6 4 2

S: ---

A Fusion Training Technique



Jerald Berman and Allan Tatkow (background) demonstrate the fusion trainer that they are investigating for their senior research project for first year students, Bettina Pontiero and Gene McNatt.

A strange looking piece of equipment has been hanging near the Marsde Balls in the Vision Training Department. Despite the initiative of an unidentified senior, it is not a chin-up bar nor is it a weightlifting set for midgets. Actually, it is a fusion trainer which we are investigating for our senior research project.

The technique, which is based on physiological diplopia, was developed recently by Drs. Friedel and Friedhoffer in New York. This past summer we both worked intensively together with Dr. Friedel at the Optometric Center of New York and also at his office in a New York suburb. After having trained several patients with this technique, we statistically determined that this procedure is as valuable, if not more so, for training patients with fusion difficulties as compared to the conventional fusion training techniques. All of the patients used in our study satisfied specific visual, age, and intelligence requirements

which we had previously established.

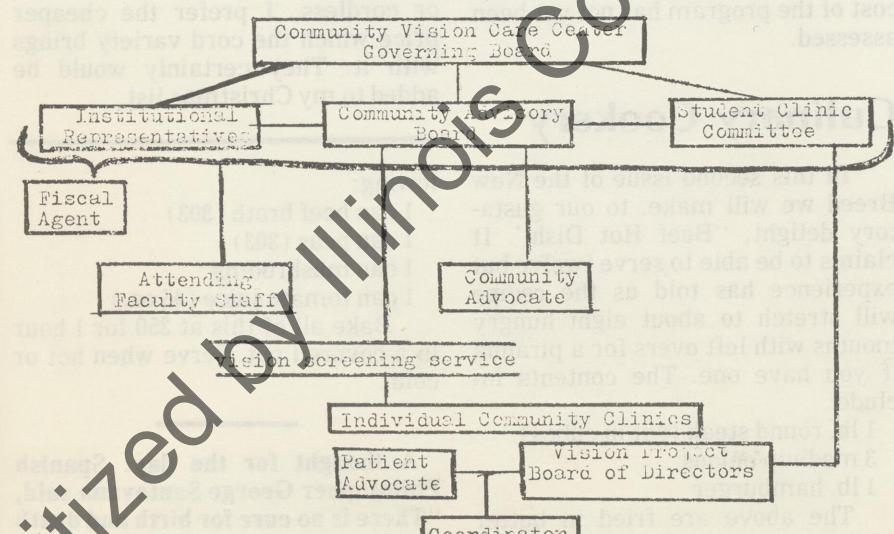
By placing fifteen prism diopters base-in before each eye, thereby inducing physiological diplopia, the patient sees four balls. We then have the patient, from a ten foot starting distance, move closer or further from the trainer until he can fuse four balls into three and then reestablish four balls again. This procedure is repeated several times. Thus, fusional ability, flexibility and facility are established. In addition, peripheral awareness is enhanced by fixating the center ball and seeing the two outer balls at the same time.

Dr. Hatfield, an esteemed member of the V.T. Faculty, has graciously offered a motor to us to provide for rotational training using the two balls with the rod in the middle. Anyone desiring to train a patient with this trainer, which can be adjusted to the patient's eyelevel, is welcome to do so and can consult us on procedure.

Community Vision Care Center Program

The following Program attempts to approach the issues which have been developed, in a manner amendable to all concerned. Central to the Program is the concept of a community located diagnostic vision care facility — the Community Vision Care Center. A vision screening outreach service forms a primary entry point. This concept evolves from the total experience of the community clinics in Chicago and from the student and professional health movement centered about the community clinics. In part this concept evolves also from information and visits to other health care service outreach programs. The Program structurally defines an equal partnership relationship between institutional, community and student representatives. The Program specifies clinical facilities and services, availability and involvement of professional personnel, and referral agreements.

The organizational schematic for the Community Vision Care Center and vision screening service is as follows.



Alternative to the Pill

Chances are you haven't given much thought about having a vasectomy yet. However, the day will come when you should seriously consider such an operation. Your wife may be on the pill right now, but do you want her to continue taking it after you have had the number of children you originally planned for your family? Many women are fearful, and rightly so, of the effects of taking the pill for one third of their life. This fear can be justified in light of the easier, less hazardous method of birth control now available — vasectomy.

Vasectomy is the surgical procedure of cutting and tying the semen-carrying ducts, the vas deferens. A small incision is made in the scrotum, and the vas deferens is lifted out so that about an inch of the tiny tube can be cut out. The duct is then tied at each end where the section was removed, preventing the sperm's passing from the testicles to the ejaculatory ducts. The site of the incision is well above the testicles and in no way disturbs them or their functioning. The man remains potent but sterile, and the sperm he now produces are absorbed into the bloodstream and disposed of in the same way in which the body constantly disposes of other unneeded cells.

A vasectomy is a simple operation and can be performed in a physician's office with a local anesthetic. Afterwards, the patient should remain relatively inactive for about forty-eight hours; at least he should do no heavy work for that period of time, or longer.

Reactions to the operation are usually a few days discomfort; although some men feel as if they had been kicked by a horse, while others return to work immediately following the procedure.

Some disadvantages of a vasectomy are:

1. It is not instantly effective. First ejaculations after surgery will contain sperm that have been previously stored in the seminal vesicles. Most men become completely sterile within a few weeks; some have remained fertile for as long as six months.

2. The procedure should be considered permanent at this time. The ducts can be rejoined with about a 50 per cent success ratio, but the chances of this 50 per cent recovering complete fertility is only 25 per cent.

3. In a few cases, there is an apparently spontaneous rejoining or recanalization of the severed vas deferens, despite the care and skill of the surgeon.

4. For some reason, as yet unknown, antibodies are formed in vasectomized men that act against the sperm. Reabsorbed by the body, the sperm products sometimes cause an immune response that in turn may destroy or immobilize newly produced sperm cells. This could conceivably increase a man's susceptibility to disorders related to autoimmune reactions like rheumatoid arthritis. While there is no proof of theory, based on unsubstantiated reports of 10 cases — further research is essential.

5. A vasectomy will not revolutionize sex, nor will it solve your marital problems. Couples that have tried a vasectomy as a last effort to keep their marriage together usually end up in divorce.

The cost of a vasectomy varies from \$75 to \$200, depending on where you have it done. It is highly advisable to know the reputation of the surgeon you select. Some have successfully performed hundreds of operations, while others are not as experienced and may do only a few a year.

The Governing Board consists of the principles responsible for government of the Community Vision Care Center. The governing principles are the Institutional Representatives, the Community Advisory Board, and the Student Clinic Committee. This Program as documented herein, by mutual agreement, delineates and specifies broadly the relationships, commitments, and responsibilities of each governing principle as incorporated into this Program. This agreement has been entered into honestly, by equal partnership, and with total dedication toward the ideal of providing complete vision care component to a comprehensive health care system that is accessible, acceptable and accountable.

Community Advisory Board

The Community Advisory Board is composed of representatives from the Pedro Albizu Campos Center, the Westown Health Center, the Fritzi Englestein Free Peoples Health Center, and the Dr. Emterio Betances Free Peoples Health Center. The Community Advisory Board to the Community Vision Care Center will act to further assure that community participation may be utilized in creating and maintaining a vision care program poignant to the needs of the patients served. Fee schedules and financing of the Community Vision Care Center, hours of operation and a schedule of operation for the Center, delimiting the service area of the Center if necessary, creating vocational

training and employment opportunities for community people in connection with the Center, professional services and professional personnel employed within the Center, establishing standards for and giving review of research programs and projects at the Center, consideration of program changes and determination of the implication which such changes may have upon patient care — all these are among the issues for which the Community Advisory Board shall provide guidance and supervision.

Student Clinic Committee

The Student Clinic Committee consists of the existing elected fourth, third, second and first professional year clinic committees of the Illinois College of Optometry's student body, and the Vision Project's Board of Directors. The Student Clinic Committee will act to insure meaningful participation of students into the Center and screening programs. Students seek through the Center and the screening programs an alternate, innovative and extended clinical experience. The Vision Project is responsible to the Student Clinic Committee for creating vision screening services at community clinics which are both a valuable educational experience and a responsible service role for the participating student volunteers.

Primarily orientated as a professional, health science educational institution, the Illinois College of Optometry shall extend clinical and

• Please turn to page 4

● from page 3

academic credit and faculty supervision to student participation within the Community Vision Care Center. Furthermore, the Illinois College of Optometry shall provide commensurate salary for this Attending Faculty Staff. The Illinois College of Optometry shall monitor professional standards of care and assure clinical excellence. To properly prepare more community advocates to perform technical aspects of their role, a patient advocate training program shall be conducted by the College. The program shall be designed with community and student participation in its planning, format and presentation.

Community Advocate

The Community Vision Care Center, Community Advocate is a community person appointed by the Community Advisory Board upon approval of the Institutional Representatives and the Student Clinic Committee. The Community Advocate is directly responsible to the Community Advisory Board. The Community Advocate is a full-time, salaried position paid by and through the Program. The Community Advocate has all responsibilities of a patient advocate in addition to receptionist and secretarial duties at the Community Vision Care Center. These additional duties include maintenance of such financial, statistical and other records as may be required by the Governing Board.

Attending Faculty Staff

The Attending Faculty Staff to the Community Vision Care Center shall be appointed by the Illinois College of Optometry upon approval of both the Student Clinic Committee and the Community Advisory Board as well as any other Institutional Representative recognized as a governing principle. The Attending Faculty Staff will be directly responsible to the Illinois College of Optometry.

Fiscal Agent

Fiscal Agent for the Community Vision Care Center is the Citizens Health Organization. The Citizens Health Organization will act as agent for this grant. The Citizens Health Organization shall use grant funds of the Program for purchase of all specified equipment and instrumentation and for payment of the Community Advocates salary. During the Program's first year, the Citizens Health Organization shall also act as fiscal agent for all other funds and securities of the Community Vision Care Center; receive and give receipts for monies due and payable to the Program from any source whatsoever, and deposit all such money in such banks, trust companies or other depositories as shall be selected; and issue from such accounts of the Program all drafts, checks or other orders for the payment of money, notes or other evidences of indebtedness incurred by this Program. Responsibilities of the Citizens Health Organization as fiscal agent shall be re-assessed by the governing principles following the Program's first year. During its first year as fiscal agent, the Citizens Health Organization shall act only so far as specified by this Proposal and as it may be otherwise duly authorized by the Governing Board. The Citizens Health Organization shall act to carry out these specified functions only under the direction of the Governing Board. The Citizens Health Or-

ganization may also act as moderator for the Governing Board but only upon the formal request of the Governing Board. The Citizens Health Organization is, however, the arbitrator having final authority in all matters not resolvable by plurality vote among the governing Principles.

Vision Screening Service

The vision screening service remains essentially unchanged. Each community board of directors remains independently responsible for the vision screening program of their clinic; matters of vision screening program design, patient referrals and follow-up, patient records and other such areas of acceptability and accountability of service, continue under the review of the individual community board. As the Community Vision Care Center Program is only a means of providing professional services to the community, financial responsibility for ophthalmic prescription still remains that of each community board and of the Vision Project. The Community Vision Care Center becomes the community located referral resource of the screening programs for primary refractive, sensory-motor vision and perceptual-motor care. Patients of the screening programs or of the Community Vision Care Center referred to the Illinois College of Optometry Eye Clinics for specialty services will continue to be provided these services with all regular clinical fees waived. Patients of the screening programs or of the Community Vision Care Center referred for ocular pathology or other ophthalmological consultations, will continue to be referred to the Ophthalmology Clinics of Northwestern University Medical School.

Patient Advocate

The Vision Screening Service, Patient Advocate is a community person whose overall responsibility is ... to assure that the total health care needs of the patients are adequately provided for. The Patient Advocate aids the patient in communication with the health examiner, assist in obtaining the patient profile and health history, participates in aspects of the examination routine, and maintains proper patient referral, follow-up and continuity of service. The Patient Advocate is familiar with such terminology and testing routines so as to perform the responsibilities of this position. This Advocate is directly responsible to the board of directors of the community clinic in which the Advocate serves.

Vision Project

Functional duties of the Vision Project remain as stated in Article I of the organization's by-laws. 14 This function is delineated further in the by-laws by noting Article VI, section four (4) through nine (9), the responsibilities of officers. In general, the Vision Project will seek to arrange for professional assistance and financial aid as may be requested by the Patient Advocate or the community board of directors.

Coordinator

The Vision Screening Service, Coordinator is a fourth year optometry student. The Coordinator schedules and directs the participation of interested students into the vision screening service. The Coordinator is responsible for the overall conduct of the vision

screening service on the clinic night. Under the direction of the patient advocate and the secretary of the Vision Project, the responsibility of the Coordinator also entails maintenance of the patient files, including return referral reports and statistical data.

Financial

This Proposal seeks a \$???? grant to establish a Community Vision Care Center based upon an extended vision screening service. These funds extend over the sum total salary for a full time Community Advocate and tool up costs for a four (4) chair diagnostic and therapeutic vision care facility.

Whereas the Community Vision Care Center is located withing the inner city and organized from its Governing Board to its community referral base in such a manner so as to serve the indigent sector of the population, professional services will be provided at a reduced fee for services basis to the degree possible. Responsibility for financially maintaining the Community Vision Care Center beyond the first initial year must, therefore, be assumed by the governing principles. Although salary for professional personnel and the major operational and maintenance costs have been provided by institutional support, other costs for the Community Vision Care Center, including the creation of expanded services and increased community employment opportunities, will be recognized more clearly during the initial year. Financial assessment will be made during the first year to determine the extent of these other costs which can be managed by third party reimbursements.

Today as never before there is a need for the community to provide the initiative and guidance in the planning and provision of their health services. The Program as established here provides an extended, innovative opportunity for deprived communities in Chicago to help themselves with cooperative assistance from professional institutions and personnel and support of the private sector.

Editors note: The Community Vision Care Center Program proposal is the result of a need for a centrally located vision care center for referrals from the Vision Project screenings at the free clinics.

The Vision Care Program has at this date been approved, as written, by the Community Advisory Board. The Information Committee at CHO has indicated that the Committee will act favorably on the proposal by the end of December.

No Institutions have been formally approached regarding their role, (ICO and the institution in which the Center will be included) in the program. Also total financial cost of the program has not yet been assessed.

Culinary Cookery

In this second issue of the New Breed we will make, to our gustatory delight, "Beef Hot Dish". It claims to be able to serve twelve but experience has told us the recipe will stretch to about eight hungry mouths with left overs for a piranha if you have one. The contents include:

1 lb. round steak (cut in cubes)
3 medium onions
1 lb. hamburger

The above are fried in butter until brown, then added to the fol-

Optometric Equipment Review by Skip Gindoff

Purchasing ophthalmic equipment is just like buying a new car: you buy within your budget according to your tastes. Fortunately for the young doctor, there is a dinitre amount of types and styles, as compared with the limitless array of autos from which to choose.

If you haven't purchased your diagnostic equipment yet, you will be forced into your decision very soon. This brief report might help survey the situation.

There are three major companies manufacturing ophthalmoscopes: American Optical, Welsch-Allyn, and Proper. The American Optical "Ful-Vue" ophthalmoscope is a durable, well made instrument for examining the inner structures of the eye. It can be used with batteries or electric current, and there is a rechargeable handle as well. The Welsch-Allyn model is a rechargeable unit which plugs into any ordinary electrical outlet. This is a superior feature to the A.O. model in the respect that a recharging unit must also be purchased if this type of system is to be employed. The Proper has both cord and battery models.

Each of these companies boasts of the superiority of their instrument: its versatility and accessory features. Due to space limitations, it will only be stated that as far as this author is concerned, the American Optical ophthalmoscope is the best of the three, in terms of the "head" itself. The Welsch-Allyn has it over all in terms of the handle.

There are two different styles of retinoscopes, the "spot" and the "streak". At I.C.O., only streak retinoscopy is taught, and for a very good reason: once the streak instrument is mastered, the "spot" becomes a snap. American Optical Company also produces a streak retinoscope head (which fits on the same handle their ophthalmoscope fits), similarly Welsch-Allyn has a streak retinoscope which can, as well, be used in conjunction with their ophthalmoscope handle, and the third brand is the Copeland "360" streak retinoscope.

My preference is strong: the Copeland model has it all over the other two, in my opinion, in terms of ease in handling, comparable reflex brightness, and durability. The A.O. streak is not bright enough to suit me (possibly because I've been spoiled after using the Copeland for over two years) and the Welsch-Allyn retinoscope head sits high above the handle, making its use awkward.

Thus, if I were about to purchase a diagnostic set again, I would get an A.O. ophthalmoscope, and a Copeland retinoscope. I don't get hung-up over the argument for cord or cordless; I prefer the cheaper price which the cord variety brings with it. They certainly would be added to my Christmas list.

lowing:
1 can beef broth (303)
1 can peas (303)
1 can mushrooms
1 can tomato juice (46 oz.)

Bake all of this at 350 for 1 hour in a covered pot. Serve when hot or cold.

A thought for the day: Spanish Philosopher George Santayana said, "There is no cure for birth and death save to enjoy the interval."

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